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BRINKS
HOFER
GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: Karen E. Riley et al.
Appln. No.: 10/029,769
Filed: October 19, 2001
For: Method for Implementing Service Desk Capability
Attorney Docket No: 10022/178

Examiner: Tan D. Nguyen
Art Unit: 4749

Mail Stop RCE
Commissioner for Patents
U.S. Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (37 C.F.R. § 1.114)

Sir:

Applicant(s) requests continued examination of the above-identified application under 37 C.F.R. §1.114.

☒ Submission under 37 CFR 1.114 (check at least one of the following):

☐ Previously submitted:

- ☐ Applicant(s) requests nonentry of any previously-filed unentered amendments.
- ☐ Please enter and consider the Amendment After Final Under 37 C.F.R. §1.116 previously filed on _____
- ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ☐ Other: _____

☒ Attached is/are:

- ☐ An Information Disclosure Statement
- ☒ An Amendment to the written description, claims, or drawings
- ☐ New Arguments and/or New Evidence in support of Patentability
- ☐ Other: _____

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790.00 OP

☐ Request for suspension of action:

Applicant(s) hereby request suspension of action on the above-identified application under 37 C.F.R. §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; requires Processing Fee under 37 C.F.R. §1.17(i)).

☐ Small Entity Status:

☐ Applicant hereby asserts entitlement to claim small entity status under 37 CFR §§ 1.9 and 1.27.

☐ A small entity statement or assertion of entitlement to claim small entity status was filed in prior application no. _____ / _____ and such status is still proper and desired.

☐ Is no longer desired.

☒ Applicant(s) calculate the following fees to be due in connection with this Request:

☒ A Request fee of \$790 under 37 C.F.R. §1.17(e).

☐ A suspension processing fee of \$_____ under 37 C.F.R. §1.17(i).

☐ An additional filing fee of \$_____ under 37 C.F.R. §1.16 (_____ additional independent claims and/or _____ additional total claims).

☐ An extension fee of \$_____ under 37 C.F.R. §1.17(a) for a _____-month extension of time.

☒ Fee payment to cover the above-enumerated fee(s):

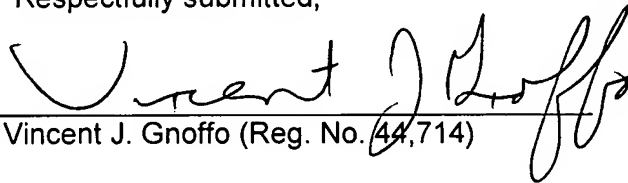
☒ A check in the amount of \$790 is enclosed.

☐ Please charge Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE) in the amount of \$_____. A copy of this Request is enclosed for this purpose.

☐ A payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).

☒ The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE). A copy of this Request is enclosed for this purpose.

Respectfully submitted,


Vincent J. Gnoffo (Reg. No. 44,714)

May 21, 2007
Date



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Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Check for \$790 to cover RCE fee; Transmittal Cover Letter (1p. Filed in Dup.); Request for Continued Examination (2pp. Filed in Dup.); Amendment B (19pp.)
- ☒ Return Receipt Postcard.

Fee calculation:

- ☐ No additional fee is required.
- ☐ Small Entity.
- ☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
- ☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(_____).
- ☐ An additional filing fee has been calculated as shown below:

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total	65	Minus	67	0	x \$25=			x \$50=	
Indep.	5	Minus	5	0	X100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+ \$360=	
					Total	\$		Total	\$

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Date

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Vincent J. Gnoffo (Reg. No. 44,714)

BRINKS HOFER GILSON & LIONE
P.O. Box 10395
Chicago, IL 60610

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☒ Fee payment to cover the above-enumerated fee(s):

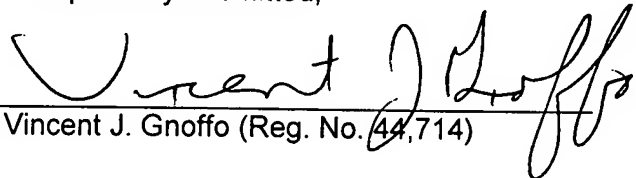
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